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ABSTRACT

This digest discusses the issue of safe, disciplined, drug-free schools, one of the six national goals for American education established as a result of the February 1990 education summit. The importance of including substance use in comprehensive school health education (as well as other content areas of the curriculum) is stressed, noting that school systems, administrators, parents, and the community must establish policies and strategies for achieving objectives at the local level. Program philosophy must evolve from the community in order to lessen community resistance to sensitive issues and to increase curriculum relevance. Very little evaluation has been done on drug education programs, but the information available indicates that instruction must begin early in life, be part of a comprehensive health curriculum, ensure community involvement, and include teacher training. Implementation of drug education programs involves three steps: needs assessment; curriculum development; and program evaluation. Inservice teacher education is crucial to successful drug and alcohol education. (SM)

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Drug and Alcohol Prevention Education

Liane M. Summerfield

The education summit in February 1990 resulted in the establishment of six national goals for American education (National Goals, 1990). This ERIC Digest focuses on Goal 6: Safe, Disciplined, and Drug-Free Schools, which states that

> By the year 2000, every school in America will be free of drugs and violence and will offer a disciplined environment conducive to learning.

One objective central to achieving Goal 6 is development of comprehensive K-12 tobacco, alcohol, and other drug prevention programs within the school health education program. This objective represents a significant acknowledgement of the importance of health education to the total education of the individual.

Tobacco, Alcohol and Drug Education as a Component of Comprehensive School Health Education

Comprehensive school health education is a planned, sequential curriculum of experiences which promotes development of health knowledge, health-related skills, and positive attitudes toward health and well-being for students in all grades. The curriculum presents information about disease control, personal health, environmental/community health, family life/sex education, consumer health, nutrition, fitness, safety and first aid, mental health, and substance use. In addition, a comprehensive school health education program includes activities that enhance students' communication, decision-making, and responsible self-management skills.

The prevalence of drug use in this country and the potential dangers of using drugs makes tobacco, alcohol, and other drug education an important component of comprehensive school health education. In a recent survey, 19 percent of high school seniors indicated that they had smoked cigarettes and 9 percent had drunk alcohol by sixth grade; half of eighth graders had tried cigarettes and 77 percent reported having used alcohol; and slightly over half of twelfth graders reported at least one experience with illicit drugs (National Commission, 1990). The dangers of HIV transmission from use of injected drugs are well documented. Therefore, not only should drug education be a component of the school health program, but it should also be infused into other content areas of the curriculum.

Community-School Linkages for Drug and Alcohol Education

Comprehensive school health education promotes stronger links between the school and community. To lessen community resistance to sensitive program areas, such as substance use and sex education, and to increase relevance of the curriculum, it is particularly important that program philosophy evolve from the community.

In fact, it is doubtful that schools can play a meaningful role in reducing drug use without parental and community support and involvement. A school-community team might include teachers, parents, students, local businesses, drug and alcohol treatment facilities, law enforcement agencies, and various other community organizations. The team should identify community forces, both positive and negative, that may impact on drug use and ensure that program philosophy and approach are appropriate and synchronous with community activities.

Research on the Effectiveness of Drug Prevention Programs

Effectiveness of any component of the school health program can be measured in three ways: (1) gain in student knowledge, (2) change in student attitudes, and (3) adoption of healthier behaviors.

Knowledge is relatively easy to measure and is certainly easier to change than attitudes or behaviors. Drug, tobacco, and alcohol education programs have been found to increase student knowledge (Milgram, 1987). However, a gain in knowledge is not always associated with a corresponding change in attitudes or behaviors.

Most drug education programs have never been evaluated (Goodstadt, 1986). Of those for which some evaluative information is available, the following generalizations can be made:

- instruction is most effective when it begins early in life and is continuous;
- one-shot programs are less successful than those that are part of a multigrade, comprehensive health curricula;
- community support, parent involvement, and peer involvement enhance program success;
- the teacher plays a critical role, and teacher training is essential.

Implications for Practice

Whereas early drug and alcohol education programs relied heavily on conveying facts or utilized scare tactics, today's programs combine provision of factual information about drugs with promotion of positive self-concept and peer refusal skills. Implementation of a tobacco, alcohol, and drug education program usually involves three steps:

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• *Needs Assessment*

The program should take into account the problems, culture, and norms of the community, which can only be determined by needs assessment prior to implementing a specific curriculum (Fox, Forbing, & Anderson, 1988). Surveys and interviews are typical information-gathering methods. These may be supplemented with secondary sources of information, such as school absenteeism and drop out rates, drug-related hospital admission data, and arrest rates for drug use and drug-related crimes.

• *Curriculum Development*

Central to drug education is provision of age-appropriate information about tobacco, alcohol, and other drugs, symptoms of drug use, factors associated with dependency, and legal aspects of drug use. In addition, and common to all areas of health education, the curriculum should offer activities (such as role playing) for development of peer refusal skills, self-esteem, assertiveness, and problem-solving skills. Curriculum options include purchasing a curriculum (see Resources section), developing the curriculum within each school, or a combination of both.

Tobacco, drug, and alcohol education also offers many opportunities to infuse content into other curricular areas. Language arts, science, math, social studies, and driver education are among classes in which various aspects of substance use might be incorporated.

The notion of "curriculum" may be broadened in a comprehensive drug and alcohol prevention program to include treatment referral for those who are substance-dependent and post-treatment aftercare for those returning to school. Some programs have found success with support groups, peer teachers, and peer counselors (Fox et al., 1988).

• *Program Evaluation*

Program evaluation is often cursory and conducted as an afterthought. However, since program evaluation assures accountability and may justify expenditures of money and time, a broad approach which examines knowledge, attitudes, and behaviors is appropriate. Some prepackaged curricula include evaluative tools.

Inservice Teacher Education

Inservice education is essential, not just for teaching teachers strategies for drug and alcohol education, but to emphasize how comprehensive school health education fits into the curriculum at every grade level. Considerable evidence exists that teacher training is as important as selecting the "right" curriculum for assuring program success. In addition, support staff should be included in any training program.

In their evaluation of two drug and alcohol education curricula, Tricker and Davis (1988) found that inservice training needs of experienced and inexperienced teachers differed. The inexperienced teachers needed a great deal more information about all aspects of alcohol and drugs. Experienced teachers benefitted more from hands-on time with curriculum materials.

Summary

Substance use is a critical component of the comprehensive school health education program. It is not enough to articulate national goals for tobacco, drug, and alcohol education. School systems, administrators, parents, and the community must use these goals to establish policies and strategies for achieving objectives at the local level.

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References identified with an EJ or ED number have been abstracted and are in the ERIC database. Journal articles (EJ) should be available at most research libraries; documents (ED) are available in ERIC microfiche collections at more than 700 locations. Documents can also be ordered through the ERIC Document Reproduction Service: (800) 443-3742. For more information contact the ERIC Clearinghouse on Teacher Education, One Dupont Circle, NW, Suite 610, Washington, DC 20036-2412; (202) 293-2450.

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Curriculum Resources

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